



INDIANA ENVIRONMENTAL STEWARDSHIP PROGRAM CHECKLIST FOR POTENTIAL REGULATORY INCENTIVES

State Form 53706 (8-08)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
ENVIRONMENTAL STEWARDSHIP PROGRAM

Indiana Department of Environmental Management
Office of Pollution Prevention and Technical Assistance
100 North Senate Avenue, Mail Code 64-00
Indianapolis, IN 46204-2251
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INSTRUCTIONS: As a member of the Indiana Department of Environmental Management's Environmental Stewardship Program (IDEM ESP), your facility is eligible to receive extended regulatory incentives. Completing this checklist does not commit your facility to receiving such benefits nor does it limit the ability to receive unchecked incentives in the future. IDEM will use this checklist to facilitate internal discussions with the appropriate IDEM staff. Please use the following checklist to indicate which regulatory incentive(s) your facility is interested in receiving and provide the requested information. IDEM will evaluate your request and will provide you with an e-mail summarizing your approved incentive(s) and any further action that is needed.

If you have questions, please contact IDEM at esp@idem.in.gov or 800-988-7901.

APPLICANT INFORMATION

Name of Facility

Street Address

City, State and ZIP Code

Contact Name

Telephone number

E-mail address

OFFICE OF LAND QUALITY INCENTIVES

- ☐ Advanced announcement of routine large quantity generator; small quantity generator; and treatment, storage, and disposal inspections
- ☐ Assign the same Office of Land inspector for all inspections at this source
 - Name of inspector:
- ☐ Assign the same Office of Land permit writer for all new and modified land permits at this source
 - Name of permit writer:
- ☐ Extend hazardous waste storage for large quantity generators with dual membership in ESP and U.S. EPA Performance Track up to 180 days
- ☐ Low priority for routine large quantity generator inspections

OFFICE OF AIR QUALITY INCENTIVES

Do you currently have a pending permit, permit modification, or renewal application with IDEM? ☐ Yes ☐ No
If yes, who is the IDEM permit writer?

- ☐ Advanced announcement of routine inspections
- ☐ Alternative compliance or monitoring strategies
 - Permit number:
 - Possible alternative strategies:
- ☐ Alternative due date for certain quarterly or semi-annual reports
 - Permit number:
 - Type of report and alternative due date:
- ☐ Assign the same inspector for all air inspections at this source
 - Name of inspector:
- ☐ Assign the same permit writer for all new and modified air permits at this source
 - Name of permit writer:
- ☐ Expedited permits including on-site pre-permit application meetings with the permit writer and compliance inspector, and post-application meetings with members if requested or necessary (must notify Office of Air Quality in advance to make use of this incentive)
- ☐ Extend FESOP renewal term to up to ten (10) years
 - Permit number:
- ☐ Extend MSOP renewal term to up to ten (10) years
 - Permit number:
- ☐ Flexible permit language
 - Permit number:
 - Describe the types of operational situations that may benefit from flexible permit language and provide affected section of permit:
- ☐ Incorporate federal incentive for reduced reporting frequency under MACT with dual membership in ESP and U.S. EPA Performance Track
- ☐ Low routine inspection priority
- ☐ Reduce reporting frequency from quarterly to semi-annual
 - Permit number:
- ☐ Streamline permit renewal application process for Federally Enforceable State Operating Permits (FESOP) or Title V permit renewals

OFFICE OF WATER QUALITY INCENTIVES

<input type="checkbox"/> Ability to submit Discharge Monitoring Reports (DMRs) annually <ul style="list-style-type: none">Permit number:
<input type="checkbox"/> Advanced announcement of routine inspections
<input type="checkbox"/> Assign the same drinking water inspector for all future drinking water inspections at this source <ul style="list-style-type: none">Name of inspector:
<input type="checkbox"/> Assign the same drinking water permit reviewer for all future permits and modifications
<input type="checkbox"/> Assign the same NPDES inspector for all future NPDES inspections at this source <ul style="list-style-type: none">Name of inspector:
<input type="checkbox"/> Assign the same NPDES permit writer for all future NPDES permits and modifications <ul style="list-style-type: none">Name of permit writer:
<input type="checkbox"/> Exemption from submitting Monthly Monitoring Reports (MMR) <ul style="list-style-type: none">Permit number:
<input type="checkbox"/> Exemption from submitting Monthly Reports of Operation (MRO) <ul style="list-style-type: none">Permit number:
<input type="checkbox"/> Expedite drinking water permitting and well site selection approval for a permit submitted on (date) _____ or for a planned permit submission on (date) _____
<input type="checkbox"/> Flexible permit language <ul style="list-style-type: none">Permit number:Describe the types of operational situations that may benefit from flexible permit language and provide affected section of permit:
<input type="checkbox"/> Low priority for routine NPDES inspections
<input type="checkbox"/> Reduction in NPDES permit sampling frequency <ul style="list-style-type: none">Permit number:Provide suggested frequency:Provide basis for proposed sampling frequency:
<input type="checkbox"/> Accelerate renewal of existing land application permit <ul style="list-style-type: none">Permit number:Renewal date:
<input type="checkbox"/> Reports for the land application program submitted within sixty (60) days of the last day of each calendar month for the term of the permit <ul style="list-style-type: none">Permit number:
<input type="checkbox"/> Streamline and expedite NPDES renewal application process <ul style="list-style-type: none">Renewal date:

PARTICIPATION STATEMENT

On behalf of _____, I certify that:
<ul style="list-style-type: none">I understand that completing this checklist does not commit my facility to receiving such benefits nor does it limit my ability to take advantage of unchecked incentives in the future;I understand that completing this checklist does not afford my facility such incentives until IDEM provides me with written notice of the approved request(s);I understand that an IDEM approved incentive requiring a permit modification or administrative amendment is not put into effect until the modification or amendment is completed;I understand that the incentives provided to ESP members may be revised by IDEM at any time;I have read and agree to the terms and conditions for Application and Participation in ESP, as specified in the Indiana Environmental Stewardship Program Guidelines and Application Instructions;My facility has conducted an objective assessment of its compliance with all Federal, State, tribal, and local environmental requirements, and the facility has corrected all identified instances of potential or actual noncompliance;My facility is, to the best of my knowledge and based on reasonable inquiry, currently in compliance with applicable Federal, State, tribal, and local environmental requirements; and,I agree that IDEM's decision whether to approve my requested incentives is wholly discretionary, and I waive any right that may exist under any law to challenge IDEM's acceptance or denial of my requested incentives. I am the senior facility manager or authorized facility signatory, and fully authorized to execute this statement on behalf of the corporation or other legal entity whose facility is a member of ESP.
Signature / Date
Printed Name
Title
Telephone number
<p>Please sign the Participation Statement and fax, mail, or e-mail to IDEM at:</p> <p>IDEM – OPPTA Attention: ESP Program Manager 100 North Senate Avenue MC 64-00 ICGS W041 Indianapolis, Indiana 46204-2251</p> <p>Fax: 317.233.5627 esp@idem.in.gov</p>